

Fill in this information to identify the case:

United States Bankruptcy Court for the:

District of _____
(State)

Case number (if known) _____ Chapter _____

FILED

2019 MAR 19 PM 2:19

RECEIVED
CLERK OF COURT
U.S. BANKRUPTCY COURT
DAYTON, OHIO

☐ Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

- ☒ Chapter 7
☐ Chapter 11

Part 2: Identify the Debtor

2. Debtor's name

TAGNETICS Inc.

3. Other names you know the debtor has used in the last 8 years

Powershelf

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN)

☐ Unknown

20-0173720
EIN

5. Debtor's address

Principal place of business

Mailing address, if different

3415 RT 36

Number Street

Number Street

PIQUA

City

OH 45356

State ZIP Code

P.O. Box

City

State

ZIP Code

Location of principal assets, if different from principal place of business

USA

County

Number

Street

City

State

ZIP Code

Debtor

Name

Case number (if known)

6. Debtor's website (URL)

WWW.PowerShelf.com

7. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other type of debtor. Specify: _____

8. Type of debtor's business

Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the types of business listed.
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☒ No
☐ Yes. Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY

Part 3:

Report About the Case

10. Venue

Check one:

- ☐ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).

The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☐ No
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor

Name

Case number (if known)

13. Each petitioner's claim

Name of petitioner

Nature of petitioner's claim

Amount of the claim above the value of any lien

RONALD E EARLEY

EMPLOYMENT AGREEMENT
UN PAID SALARY

\$ 341,755.00

\$ _____

\$ _____

Total of petitioners' claims

\$ _____

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

WARNING — Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Attorneys

Name and mailing address of petitioner

Ronald E. Earley
Name
6429 WINDING TREE DR
Number Street
New Orleans LA 70114
City State ZIP Code

Printed name

Firm name, if any

Number Street

City State ZIP Code

Contact phone Email

Bar number

State

Name and mailing address of petitioner's representative, if any

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/19/2019
MM / DD / YYYY

x Ronald E. Earley
Signature of petitioner or representative, including representative's title

x

Signature of attorney

Date signed

03/19/2019
MM / DD / YYYY

Debtor

Case number # _____

13. Each petitioner's claim

Name of petitioner

Nature of petitioner's claim

Amount of the claim
above the value of
any lien

Kayser Ventures Ltd

Unpaid Equip Rents \$ 41,979

\$ _____

\$ _____

Total of petitioners' claims

\$ _____

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Part 4

Request for Relief

WARNING—Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$300,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

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I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Attorneys

Name and mailing address of petitioner

Kayser Ventures Ltd
Name
1872 Pratt Dr Ste 1800
Number Street
Blacksburg VA 24060
City State ZIP Code

Printed name

Firm name, if any

Number Street

City State ZIP Code

Contact phone Email

Bar number

State

Name and mailing address of petitioner's representative, if any

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/28/2019
MM / DD / YYYY

[Signature]
Signature of petitioner or representative, including representative's title

X

Signature of attorney

Date signed

MM / DD / YYYY

Debtor

Case number (known)

13. Each petitioner's claim

Name of petitioner

Nature of petitioner's claim

Amount of the claim above the value of any lien

JONATHAN HAGER

EMPLOYMENT AGREEMENT
UNPAID SALARY

\$ 387,187

Total of petitioners' claims

\$ 387,187

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I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Attorneys

Name and mailing address of petitioner

JONATHAN HAGER

Name

Printed name

2170 RIVER OAKS DRIVE

Number Street

Firm name, if any

SALEM

City

VA

State

29153

ZIP Code

Number Street

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Contact phone

Fax

Number Street

Bar number

City

State

ZIP Code

State

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

01/11/2019

MM/DD/YYYY

X

Signature of attorney

Signature of petitioner or representative, including representative's title

Date signed

MM/DD/YYYY

Debtor Name Case number (if known)

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	Robert Strain	Unpaid Salary	\$ 17,049.35
			\$
			\$
Total of petitioners' claims			\$

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I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Name and mailing address of petitioner

Name Robert Strain
 Number Street 427 Artell St
 City Maricopa State FL ZIP Code 60152

Name and mailing address of petitioner's representative, if any

Name
 Number Street
 City State ZIP Code

Attorneys

Printed name
 Firm name, if any
 Number Street
 City State ZIP Code
 Contact phone Email
 Bar number
 State

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/13/2013
 MM / DD / YYYY

x Robert Strain
 Signature of petitioner or representative, including representative's title

x

Signature of attorney
 Date signed
 MM / DD / YYYY

Debtor

Case number (if known)

13. Each petitioner's claim

Name of petitioner

Nature of petitioner's claim

Amount of the claim above the value of any lien

S-TEK INC.

INVOICE #
073117 LO

\$ 26125.00

Total of petitioners' claims

\$ 26125.00

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I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Attorneys

Name and mailing address of petitioner

S-TEK INC.

Name

26046 BROADWAY AVE

Number Street

Cleveland

City

OHIO

State

44146

ZIP Code

Name and mailing address of petitioner's representative, if any

S-TEK INC Robert Smith

Name

1100 WAYNE ST. SUITE 5000

Number Street

TROY

City

OHIO

State

45373

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

01/22/2019

MM/DD/YYYY

x Robert S. Smith V.P.

Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone

Fax

Bar number

State

x

Signature of attorney

Date signed

MM/DD/YYYY